



## Asbestos Project Notification

<b>Project Reference Number:</b> 26091246	<b>Type:</b> Amended Notification
<b>Status:</b> Notification Received	<b>Notification Received:</b> 1/29/2015
<b>Payment Status:</b> Unpaid	<b>Number of amendments:</b> 1
<b>Notification Entered By:</b> CGK Environmental Ser	

### Contractor Information

FEIN:472284723

**CGK Environmental Services, LLC**

**Mailing Address**

1185 Phoenix Ave.

Schenectady NY 12308

Asbestos License Number: 81285

**Duly Authorized Representative**

Thomas Gilbert, Other

Phone Number:

518-514-8374

E-mail Address:

Thegilberts8@aol.com

### Project Information

**Project Start Date:** 2/9/2015

**Project End Date:** 12/31/2015

**Project Location County:** Montgomery

### Worker Compensation

**Worker Compensation Policy#:**

**WC Exemption Certificate#:** 077607

**Number of your employees you expect to be on project:**

**Will temporary workers be used?**

**If yes, name of temporary agency:**

### Project Location

**Building Name:** Former Beechnut Facility

**Room or Location:**

**Bridge ID#:**

**Address Line 1:** 68 Church street

**Address Line 2:**

**City Town or Village:** Canajoharie

**State:** New York

**Zip Code:** 13317

<b>Building Information</b>	
Current Use: Vacant	
Prior Use: Commercial	
Approximate Year Built: 1901	
Size(sq.ft): 650000	
Is this fee exempt project?: NO	
Reason:	

<b>Building Representative/Site Contact</b>	
Name: Thomas Gilbert	
Phone Number: 518-514-8374	
E-mail Address:	
Cell Phone Number:	

<b>Phase Details</b>				
Phase #	Phase Start Date	Phase End Date	Phase Location	Phase Scope

<b>Sub-Contractor Details</b>	
Name:	Asbestos License Number:

<b>Night/Weekend/Shift Work Details</b>
mon-sat 0700 am-1600 pm

<b>Party for Whom Work is being Performed</b>			
First Name:	Rod	Last Name:	Brumley
Organization:	B&B Recycling		
Apt./Suite:	105	Address Line 1:	West Birmingham Place
Address Line 2:		City Town or Village:	Broken Arrow
Province:		State:	OK
Zip Code:	74011	Country:	United States
Contract Dollar Amount:	\$89,329.00		

<b>Variance Information</b>
Individual Variance Petition Number: Site specific variances 14-0377,14-0590

<b>Procedures and Type of Equipment and Ventilation Systems Used</b>
Wrap & cut intact piping-glovebag as per variance.hepa vac,wet methods, remote decon units

<b>Air Monitoring Firm</b>	
Name:	Asbestos License Number:
Spectrum Environmental Associates, Inc	29081

<b>Laboratory Performing Analysis</b>	
Name:	ELAP Registration Number:
Sprectrum environmental associates, inc	11540

<b>Type of Asbestos Work</b>			
Pipe Related:	Yes	Siding:	No
Clean up:	Yes	Vessel covering:	No
Caulking/mastic:	No	Spray-on insulation:	No
Roofing/flashing:	Yes	VAT:	Yes
Demolition:	Yes	Demolition Ref#:	
Other-specify:			

**Waste Transporter**

Name: Action waste services  
NYS DEC or EPA Permit Number: 4A-619  
Phone Number: 518-788-6726  
Apt./Suite: PO BOX 181  
Address Line 1: RT43  
Address Line 2:  
City Town or Village: WEST SAND LAKE  
Province:  
State: NY  
Zip Code: 12196  
Country: United States

**Landfill**

Name: ALBANY LANDFILL  
Phone Number: 518-869-3651  
Apt./Suite: 525  
Address Line 1: RAPP ROAD  
Address Line 2:  
City Town or Village: ALBANY  
Province:  
State: NY  
Zip Code: 12205  
Country: United States

**Type and Amount of Asbestos Containing Material**

Friable linear feet:	6507	Friable square feet:	227820
Non-friable linear feet:	0	Non-friable square feet:	156660

**Fee**

Total linear feet: 6507.0  
Total square feet: 384480.0  
Total Fee: 4000.0

**Project Fee Schedule**

If the notification was submitted prior to 4/7/09, the actual project fee is one half of the amount shown on the fee schedule

Linear Feet:	Fee	Square Feet:	Fee
0 - 259 feet:	\$0	0 - 159 feet:	\$0
260 - 429 feet:	\$200	160 - 259 feet:	\$200
430 - 824 feet:	\$400	260 - 499 feet:	\$400
825 - 1649 feet:	\$1000	500 - 999 feet:	\$1000
1650 or more feet:	\$2000	1000 or more feet:	\$2000

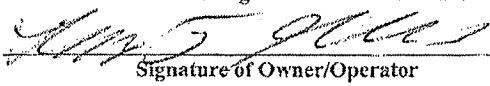
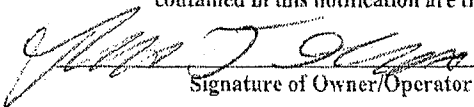
**Remarks**

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# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:</b> Complete demo of existing structures to existing grade by machine/manual methods, disposal of all non-recyclable or regulated materials as required by currant EPA, DEC, DOT, NYS ICR 56 regulations & site specific variances
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b> Adherance to currant Neshap regulation/ICR56 and all other federal/state/ local regulation by certified&qualified persons per issued project design and site specific variances
<b>XII.</b>	<b>Waste Transporter #1</b> Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____ <b>Waste Transporter #2</b> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____
<b>XIII.</b>	<b>Waste Disposal</b> Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____
<b>XIV.</b>	<b>Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)</b> 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: <u>NA</u> Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____
<b>XV.</b>	<b>Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)</b> 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b> <b>In accordance with existing NESHAP, OSHA, NYS ICR 56 REGULATIONS BY CERTIFIED&amp;QUALIFIED PERSONS</b>
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b>  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">         Signature of Owner/Operator     </div> <div style="text-align: center;"> <u>2/2/2015</u>        Date     </div> <div style="text-align: center;"> <u>THOMAS J GILBERT</u>        Type or Print Name and Title     </div> </div>
<b>XVIII.</b>	<b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b>  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">         Signature of Owner/Operator     </div> <div style="text-align: center;"> <u>2/2/2015</u>        Date     </div> <div style="text-align: center;"> <u>THOMAS J GILBERT</u>        Type or Print Name and Title     </div> </div>